

Training Latin American Ministry of Health Service Providers on Emergency Contraception

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SUMMARY

The Population Council's Frontiers in Reproductive Health Program provided LAC Bureau funds to CEMOPLAF to support the attendance of 35 participants from 11 countries to the Latin American Conference on Emergency Contraception in Quito, Ecuador, in October 2002. This conference, organized by the Latin America Consortium for Emergency Contraception (LACEC), helped raise the awareness and acceptability of emergency contraception (EC) among different audiences attending the conference, such as parliamentarians, policymakers, service providers, and adolescents.

In addition, this project provided follow-up technical assistance to activities conducted in Honduras, the Dominican Republic, Mexico, and Paraguay. More than 78 training sessions with over 1,000 participants were implemented. The Guatemalan consortium on emergency contraception was created and obtained funds to conduct 21 training workshops with over 500 participants. Service providers (e.g. physicians, nurses, social workers, and pharmacists), members of the justice system, and members of feminist organizations participated in these events.

This project cosponsored two additional events. The first one, a regional Youth Encounter, was organized by the LACEC in Nicaragua with over 100 participants from Mexico, Guatemala, the Dominican Republic, El Salvador, Honduras and Nicaragua, and took place in October 2003. The second, a meeting on Reproductive and Sexual Rights of Youth: "A Forum to Think and Make Agreements," was organized by Elige, a Mexican youth network advocating sexual and reproductive rights. This meeting took place in Mexico City on January 16, 2004.

Finally, as part of this project, communication materials were produced and distributed among service providers and sexual and reproductive health organizations in the region.

As a result of activities conducted under this project, the mass media in Honduras, Paraguay, and Mexico had continuous coverage and discussions on the access and use of emergency contraception pills. During the period of this project (2002-2004) Mexico included emergency contraception pills in the national family planning service delivery guidelines.

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I. BACKGROUND

1.1 Emergency Contraception in Latin America

Emergency contraceptives (ECs) are methods women can use *after* unprotected intercourse to *prevent* an unwanted pregnancy. When sexual relations are forced or unplanned, or when a contraceptive method fails or is used improperly, ECs give women a second chance to prevent an unwanted pregnancy. The option is potentially lifesaving in countries where safe abortion is restricted. The Yuzpe regimen of EC uses combined oral contraceptives. Women simply take six pills within 72 hours after unprotected sex. When informed, women can use the Yuzpe regimen wherever they can find contraceptive pills, which are easily accessible in Latin America since most pharmacies sell pills without a prescription.

Although EC has been promoted in recent years by several institutions, emergency contraception remains little known and scarcely available in much of Latin America.

The Population Council's INOPAL Operations Research project pioneered EC efforts in the region. Between 1996 and 1998, INOPAL funded three projects testing the acceptability of emergency contraception for providers and different groups of potential consumers (e.g. rape victims, adolescents, women attending reproductive health clinics, and college students), and strategies to disseminate knowledge about this method among different audiences through different media. In addition, CEMOPLAF convened a Latin American Conference on Emergency Contraception, which was attended mostly by representatives of service provider organizations. This conference was followed by consultant visits to the organizations of participants who had requested further assistance to train a few service providers. Mailings of EC materials were also made to a large number of service and women's health organizations. The legacy of these activities was the inclusion of EC in the service delivery guidelines of Brazil, Ecuador, El Salvador, Honduras, and Venezuela, as well as initial contact with EC by different organizations in Bolivia, Guatemala, Nicaragua, Uruguay, and Argentina (in the course of this project, it was discovered that EC dedicated products existed in a few of these countries) (Vernon, 1998).

Over the past few years, other Council programs and their partners have conducted a variety of EC projects in the region. These include training of providers in Brazil, qualitative and quantitative baseline studies to assess EC knowledge, attitudes, and practices (KAP) in different countries, helping register dedicated EC products, promotion of favorable public policy, and development of IEC materials to inform women and providers (including a slide set, brochures for rape victims, EC kits suitable for distribution in the workplace, a mainstream publicity campaign for young people, a national toll-free hotline in Mexico that provides 24-hour detailed information to callers about EC, and an EC website with information in Spanish and links to other relevant websites). The Council's FRONTIERS Program also conducted two EC Communication projects. In the first of these, mass mailings were made to private physicians, pharmacies, public hospitals and assembly plants, using the results of an INOPAL project conducted

by IMIFAP in Mexico. In the second, a workshop for policy makers and service providers was conducted in Peru. Consequently, emergency contraception was included in the MOH's service delivery guidelines (León, 2001). Other organizations, such as the International Planned Parenthood Federation (IPPF), have contributed recently to these efforts to promote awareness and availability of EC pills.

Overall, these efforts have been quite fruitful. For example, over the past three years, knowledge of EC among family planning clients in Mexico changed from 22 to 41 percent (Mexfam, 1999; 2002). During this time, thousands of family planning providers have been trained to offer EC, and last year a dedicated product was officially registered in the country (Langer et al, 1999; Heimbürger et al, 2001). A recent national survey also found that 31 percent of the national population 15 to 45 years of age (and 35% of the urban population in that age range) had heard something about the method (Population Council and Grupo IDM, 2000). The national Mexican EC hotline, launched in 1999, receives over 10,000 calls per month. Likewise, a recent survey of IPPF affiliates showed that of the 37 affiliates that responded to the survey, 62 percent offered EC. Of these, Central and South American affiliates were more likely to offer EC than Caribbean affiliates. Twenty-two of 23 affiliates offered cut up packets of oral contraceptives, while six affiliates offered dedicated products. The report concluded that EC availability and support for the method appeared to be increasing in LAC, and that a clearer distinction between EC and abortion in medical and policy guidelines should increase acceptance further (Díaz-Olavarrieta et al, 2001).

Nevertheless, there are several countries and organizations where the method is still virtually untapped. Reluctant governments, poverty, and weak health services infrastructure hamper the dissemination of the method. In addition, in recent years, opponents have become aware of EC efforts, making service providers cautious about making the method available and, consequently, making progress more difficult to achieve.

During the course of these two years, from October 2002 to January 2004, several countries have included EC in their family planning norms (Bolivia, Mexico, Peru).

1.2 LACEC and the Conference in Quito: *The Right to Use Emergency Contraception in Latin America and the Caribbean*

The Latin American Consortium for Emergency Contraception (LACEC) is a network of non-governmental, governmental, private, and public organizations that work in the areas of health, education, and sexual and reproductive rights. The Consortium seeks to contribute to the overall improvement of the region's health status and to the reduction of maternal mortality and unsafe abortion in Latin America. Their mission is carried out through advocacy, information dissemination, and access to emergency contraception within the context of sexual and reproductive rights. LACEC was created in February 2001 to address specific socio-cultural, institutional, and political issues related to emergency contraception in this region of the world, such as: 1) the opposition to women's health innovations; 2) the need to involve women's groups, legal advocates, and other alternative channels as well as the mainstream health system in the promotion of

emergency contraception; and 3) the dissemination of culturally appropriate information to women's organizations, health and educational service providers, the media, and other relevant groups. In their initial planning meeting in Mexico City in 2001, LACEC identified a number of specific needs for the region including: dissemination of information on EC to a wide range of audiences; institutionalization of the use of EC by incorporating it within the reproductive health/family planning norms of the Ministries of Health for use in cases of rape and contraceptive failure or non-use; marketing and distribution of dedicated EC products at social marketing rates across socioeconomic levels; development of communication strategies to respond to the opposition and overcome barriers; support for ongoing research efforts and materials development; mechanisms for sharing information, including a data bank and a clearinghouse of information; and fundraising (Cabría, 2001).

As a first step, LACEC agreed to hold a conference in Quito, Ecuador in October 2002 with the following goals: 1) raising awareness and acceptability among different audiences in Ecuador and elsewhere in Latin America of EC as a safe and effective method that prevents an unwanted pregnancy after unprotected intercourse, and 2) encouraging local policy makers to support the incorporation of EC into the official family planning norms of the Ministry of Health.

Conference objectives were the following:

- Disseminate information on EC to different audiences, such as health providers, pharmacists, women's and youth organizations, educators, Ministries of Health, policymakers, and the media, including characteristics and mechanisms of action of emergency contraception.
- Discuss and plan strategies to introduce and/or disseminate EC in Ecuador and other Latin American countries.
- Promote the coordination of a wide range of organizations to make emergency contraception more acceptable and available in different countries in the region.
- Share research, intervention and advocacy results in the region, and distribute EC materials.
- Facilitate capacity building and training on EC and other closely related issues, such as prevention of STI/HIV and sexual violence. Additionally, train organizations on advocacy strategies and effective communication techniques.

1.3 CEMOPLAF

CEMOPLAF is a private non-governmental organization working on family planning in the urban and rural sectors of Ecuador since 1974. CEMOPLAF has 23 multi-service centers providing clinical and educational services as well as mobile clinics that cover a wide rural region. CEMOPLAF offers a complete variety of modern family planning methods, including surgical sterilization, and has several supporting programs such as a community doctor program with 40 physicians working in rural areas; a health promoter program in agricultural areas; a social marketing program that distributes contraceptives, pregnancy tests, and other reproductive health products; and a comprehensive health

program for women, children and adolescents. CEMOPLAF has received support as well as technical assistance from a large number of international organizations including USAID, Johns Hopkins University, Family Health International, Family Planning International Assistance and IPPF. CEMOPLAF and the Population Council's operations research programs in Latin America (the three INOPAL projects and FRONTIERS) have cooperated on a variety of operations research projects, mostly on the subject of economic evaluation and sustainability, but also on topics such as emergency contraception.

II. OBJECTIVES

The general objective of this project was to increase the awareness of and access to emergency contraception in Latin America.

Specific objectives were the following:

- To provide training on emergency contraception in a Regional Conference in Quito, Ecuador to 20 service providers and policymakers.
- To allow these service providers to attend the LACEC conference in Quito and increase their range of contacts for further technical assistance, access to scientific literature and dissemination materials, and benefit from the experiences of existing projects.
- To provide follow-up in-country technical assistance to those participants eager to introduce or extend emergency contraception in their organizations.

III. ACTIVITIES

3.1 Training in Emergency Contraception and LACEC Conference Attendance

CEMOPLAF and FRONTIERS conducted inquiries in different countries with reproductive health professionals working in local and international organizations, and with USAID Missions, to learn about the status of EC services at public health facilities and their degree of acceptance.

After this preliminary search, a call for participants for the conference was launched via e-mail. The announcement included a questionnaire to be filled out by candidates, indicating their work experience and plans to increase the use and knowledge of EC in their countries. More than 50 persons answered the call, requesting a scholarship to participate in the EC Conference. FRONTIERS set the criteria for selecting participants as follows:

- a. Experience and/or interest in working with EC;

- b. Being in a position to influence policymakers in order for them to include EC in public health guidelines and regulations;
- c. Potential for training doctors and other health service providers after the conference;
- d. Potential for conducting activities to increase access and use of EC among the general public;
- e. Potential for disseminating knowledge of EC; and
- f. Potential for conducting other activities related to EC.

Final candidates were interviewed by telephone. Concurrence was requested for the selected participants from USAID Missions in both the participants' country and in Ecuador.

Training on emergency contraception was provided during the three days of the LAC EC Conference. The goal of training 20 participants was surpassed, and 37 participants from 11 countries in the LAC region were trained. Presentations contained state of the art information as well as the status of the access, use, and acceptance of EC in the different countries in the region. CEMOPLAF and FRONTIERS participants met in break out sessions with three consultants to develop activity plans to be conducted after returning to their countries. With the assistance of Dr. Raffaella Schiavon, FRONTIERS put together a CD-ROM with the most up-to-date information, articles, discussions, and literature reviews on EC, which was given to conference participants funded by FRONTIERS. Dr. Schiavon also prepared a presentation that was used by consultants in technical assistance visits to the countries of the participants.

3.2 Follow-up In-Country Technical Assistance and Activities

In the months following the conference, the three consultants provided technical assistance in four different countries, mainly training service providers and giving presentations at conferences and professional meetings. The activities conducted in each of the four countries were the following:

Dominican Republic

In the Dominican Republic, FRONTIERS consultant Dr. Guillermina Mejía (1) conducted a workshop on EC with the Gynecologists Association and with doctors, nurses, and social workers of the Secretariat of Health in La Vega Region.

Honduras

In Tegucigalpa, Dr. Mejía trained 70 doctors, nurses, and psychologists from public health institutions and the largest NGOs. In San Pedro Sula, 60 providers were trained. Dr. Mejía also held a press conference with 11 media representatives from television, radio, newspapers, and journals. This conference initiated a discussion in the mass media of Honduras that went on for several weeks. This training became especially relevant when ASHONPLAFA was able to obtain funding for further disseminating and introducing emergency contraception in Honduras.

Mexico

In Mexico, Dr. Mejía participated in a television debate on EC. Along with Dr. Mejía, Dr. Patricio Sanhueza, also a project consultant, designed an EC training curricula and trained 390 service providers of the Ministry of Health in Mexico City. The trainees were supervisory teams of one doctor, one nurse, and one social worker. Training took place in eight general hospitals, seven maternal-child health hospitals, 11 pediatric hospitals and 10 prison clinics. These teams then replicated the training at their own sites and trained nearly 3,000 services providers in 2003. Dr. Sanhueza also conducted EC meetings every three months to update the providers with the latest scientific findings and assess the problems they had had in prescribing EC. The trainees included forensic doctors and district attorneys who often provide services for rape victims. Talks were also given for 435 women in the East Jail, as well as in three other women's prisons in the city. They also gave a talk to 14 gynecologists, 4 nurses, the general manager and the owner of the privately owned Santa Monica Hospital in Mexico City. These activities were timely and important in generating support for emergency contraception and therefore in the recent inclusion of the method in the national service delivery guidelines.

Paraguay

A third consultant hired by FRONTIERS, Dr. Alfredo Guzman from Peru, participated in the Eighth Latin American and First Paraguayan Congress of Infant and Youth Gynecology that took place in Asuncion in May 2003. Dr. Guzman gave talks to opinion leaders and gynecologists from the region and conducted pre-workshop EC trainings for service providers and pharmacists. Dr. Guzman trained 95 pharmacists, one from each pharmacy in Asuncion.

Figure 1 Announcement to Pharmacists in the Weekly Bulletin Infarma

De interés para las Farmacias Socias de CAFAPAR

La Cámara de Farmacias del Paraguay "CAFAPAR", "el Congreso Paraguayo Latinoamericano de Obstetricia y Ginecología Infantil Juvenil" y la Organización no Gubernamental "PROMESA", invitan a Propietarios, Regentes y Funcionarios de Farmacia a participar de la "Jornada de Capacitación en Anticoncepción de Emergencia" a llevarse a cabo en el Hotel Excelsior el día Jueves 22 de Mayo de 2003 a las 18:00 horas.

Las Farmacias son invitadas y la participación es libre y costo.

Para mayor información e inscripción llamar al teléfono **442.7326** CAFAPAR.

PROGRAMA

17:45 a 18:00 hs.	Inscripción y acreditación.
18:00 a 18:15 hs.	Presentación de presidentes del congreso y autoridades de CAFAPAR, directores de PROMESA.
18:15 a 18:30 hs.	Charlas:
	Dr. Alfredo Guzmán MD-MPH, Consultante Población, Council, Perú; Angélica Cabrera, coordinadora del Congreso Latinoamericano de Anticoncepción de Emergencia, Pacific Institute for Women's Health.
18:30 hs.	Cena.
19:30 hs.	Entrega de certificados.

This activity was part of a series of 11 meetings that PROMESA, in collaboration with the Ministry of Health and the Chamber of Pharmacies of Paraguay, have conducted for

pharmacists, chemists, and chemistry and pharmacy students on sexual and reproductive health topics. Updating information is a formal requirement to maintain the license needed to operate pharmacies in Paraguay. In addition, FRONTIERS also reprinted brochures on EC, as well as an article on scientific advances on EC, and distributed them to the more than 800 congress participants (see sample page of publication below).

Dr. Guzman gave a talk to the members of the Steering Committee of the National Council on Reproductive Health on strategies to disseminate knowledge and increase the use of EC in Paraguay, as well as how to face groups opposed to EC. During the meeting, participants also learned about the situation of EC in other countries as well as the World Health Organization's (WHO) position and information. The participants in this meeting received a Scientific Bibliography Compilation on EC (prepared and reproduced by FRONTIERS), a CD-ROM with an interactive course on EC, and other materials. Dr. Guzman also gave a pre-congress course on EC and violence to 30 physicians and residents in charge of the gynecological units of the Ministry of Health, and a presentation on EC for the 350 congress participants during a luncheon meeting.

Figure 2 Sample of Material Reprinted and Distributed by FRONTIERS in Paraguayan Congress



Guatemala

FRONTIERS supported the participation of five Guatemalan professionals to the Latin American Conference on Emergency Contraception. Upon their return to Guatemala, the conference participants established the Guatemalan Consortium on Emergency Contraception (GCEC) to coordinate EC informational and training activities in the country.

CIESAR presented a project proposal to FRONTIERS to conduct EC dissemination activities. The five founding members of the GCEC developed and adapted training, educational, and informational materials to be used and distributed during workshops. They trained 10 master trainers to replicate the EC workshop among interested organizations and professional groups. Between February and April 2003, these trainers conducted a total of 21 workshops attended by 556 participants from medical and nursing organizations in Guatemala, NGOs, selected hospitals, and the justice system of Guatemala. In total, 124 doctors, 121 nurses and social workers, 54 health workers, 144 members of the justice system, 46 female community leaders, and 67 health promoters were trained during this period.

Three months after the workshops, 120 workshop participants were randomly selected and interviewed. The results of this follow-up showed that 36 percent of the interviewees carried out three or more interpersonal dissemination activities such as person-to-person counseling or informal talks. Among trained nurses, 80 percent conducted interpersonal post-training activities. Results also indicate that 45 percent of the participants have carried out or implemented at least one informational talk or workshop, 15 percent carried out two such activities, and eight percent conducted three or more replication activities.

Prior to their participation in the training workshop, only 14 percent of the participants had recommended EC. This proportion increased to 62 percent after training. The follow-up evaluation survey showed that 40 percent of the participants had in some way used the materials received in the workshops. However, only 13 percent had provided informational material or brochures to others.

These results show the strong impact that the participation of Guatemalan professionals in the EC conference in Quito had on the status of EC in Guatemala.

3.3 Technical and Financial Assistance to Other Meetings and Conferences

Youth Encounter in Nicaragua

FRONTIERS provided technical and financial support to the first of three Youth Encounters convened by the Latin American Consortium on Emergency Contraception (LACEC). These encounters had the objective of promoting youth sexual and reproductive rights, including the right to information and access to emergency contraception. FRONTIERS financed the participation of youth leaders from Mexico,

Guatemala, the Dominican Republic, El Salvador, and Honduras in the first Youth Encounter that took place in Matagalpa, Nicaragua in October 2003. This meeting was hosted by Puntos de Encuentro, a local NGO working with adolescents. Some organizations that coordinated activities with LACEC to conduct this Encounter were REDLAC (Latin American and Caribbean Youth Network), other NGOs working on EC and youth, and international organizations such as IPPF, the Summit Foundation, the Pacific Institute for Women's Health (PIWH), and the Population Council.

Approximately 100 young people from Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, and the Dominican Republic attended the Youth Encounter. The encounter helped to advance the integration of youth networks and strategies aimed at increasing youth participation in the decision making process for the elaboration of policies that affect and define their sexual and reproductive rights.

The general objective of this meeting was to increase awareness of factors influencing their sexual and reproductive health and rights and their skills to bring about positive change by means of communication and networking. During the conference, several topics were discussed:

- Power: one session was devoted to analyzing the power that adults exercise to restrain young people's rights and the appropriate responses that youth can have;
- Gender identity: participants also discussed in group meetings issues related to gender identity by asking themselves how men and women should be and the advantages and disadvantages of not conforming to these ideas. A conclusion reached after this exercise was that men and women have the same attributes, capacities, obligations and responsibilities;
- Sexuality: another session analyzed the ideas that participants and different institutions (such as the family, school, church, and media) had regarding sexuality;
- Sexual and reproductive rights: the objective of this session was for participants to recognize the fact that sexual and reproductive rights are human rights, and that all people have the right to pursue their sexuality and reproductive desires free from discrimination, risks, threats, coercion, and violence. After discussing the main concepts, participants identified the situation of sexual and reproductive rights in each country as related to specific issues.
- Finally, sessions were held on constructing a youth agenda in the region and on identifying problems and proposing solutions, and country reports were prepared.

Reproductive and Sexual Rights of Youth: A Forum to Think and Make Agreements in Mexico

After the Youth Encounter in Nicaragua, Elige, a Mexican youth network advocating for sexual and reproductive rights, requested support from FRONTIERS to organize a meeting in Mexico with persons and institutions conducting youth programs. The meeting took place in Mexico City in January 2004 and was co-sponsored by the MacArthur Foundation. In addition, FRONTIERS helped identify participants, distributed

invitations and promotional materials, managed relationships with the media, and provided a meeting room to conduct the forum.

The forum had the following objectives:

- That adult decision makers and donors listen to youth so they can work together designing programs that are realistic about youth's needs and expectations.
- That adults listen to youth's needs and begin incorporating them in the decision-making process of policies and programs related to youth.
- To contribute to a better understanding of adolescents' and young adults' reproductive rights and the right to information and use of emergency contraception.

Young participants included members of NGOs formed and managed by adolescents and young adults, and youth involved in government-sponsored programs for youth. Adult participants included staff members from different MOH, Social Security and Human Rights Programs, Congress and the media.

The agenda was built around two main sets of presentations, the first discussing the situation of sexual and reproductive rights of youth in Mexico, and the second presenting youth strategies to promote their rights. As part of the first set of presentations, results of three different research projects were presented, including those from the FRONTIERS/Mexfam global youth study, a study on knowledge, attitudes, and practices among adolescents in 12 cities. Presentations on emergency contraception, sexual and reproductive rights, and social security and MOH adolescent programs were also made.

In the second set of presentations, nine young adults from non-governmental organizations in Merida, Hermosillo, Sonora, Queretaro and the Federal District discussed their experiences working in programs implemented by Mexfam, Decidir, the Sex Education Association from Queretaro, Hijas de Lilith, the Simone de Beauvoir Leadership Institute (SBLI), UNASSE and Elige (a youth network for sexual and reproductive rights). IPAS also presented their experience with *Gender or Sex: Who Cares?*, a training workshop in which service providers and youth interact in a way that challenges gender stereotypes that contribute to high risk sexual behaviors and let service providers observe how gender insensitive services make it difficult for adolescents to access the services they need.

In the afternoon, four working group sessions were organized. The main themes for discussion were Education, Sexual Diversity, and Reproductive Health Services. Each group answered the following questions as related to the specific topic:

- Does my institution consider the promotion and defense of the sexual and reproductive rights of youth important?
- What actions do we take to promote them?
- What commitments can we make to fulfill the demands presented by young people today?

- What else can we do to improve access to emergency contraception?
- How can young people participate in the public policy decision-making process? Describe the mechanisms and resources needed.

In order to have appropriate coverage of the meeting in the mass media, Gabriela Granados, a journalist that specializes in sexuality-related issues, was hired to manage media participation in the forum. A few days before the forum, two specialized information agencies, NotieSe and CIMAC, had published advance articles, and several information packages were prepared for the media, including a CD with all the presentations in the forum. Paper handouts, a directory of participants, and background documents from different international organizations were also handed out to media representatives. The consultant made an effort to connect journalists that had specific requirements and questions with interviewees that could help meet these. At the end of the event a press release was distributed including the most important facts from the afternoon session and the main results of the forum. The success of this strategy can be assessed by the concrete results achieved:

- News services carrying news and articles derived from the forum included NotieSe, a sexuality and AIDS news service that distributes its newscasts via email to 500 media and approximately 2,500 civilian organizations throughout the Americas, and CIMAC (*Comunicación e Información de la Mujer*), another news service that provides information to different services, media, and associations.
- Print media that published news, articles, facts and interviews related to the forum included *Amor y Sexo*, a specialized magazine and six national newspapers (*La Jornada*, *El Independiente*, *Reforma*, *El Herald*, *Milenio*, and *El Universal*).
- In terms of electronic media, news items were included in news programs in two UHF Channels (22 and 40 in Mexico City) and facts on condoms and emergency contraception were included in “Planeta 3,” a news and entertainment program for youth broadcast by Channel 4, a Mexico City channel. News items were also included in five different radio news programs in two university radio stations and three government educational stations. A very popular television and radio program conductor in Radio Centro, one of the stations with national coverage, also prepared a panel discussion on emergency contraception.

The timing of these dissemination activities was strategically planned, given that in the following few weeks the new National Family Planning Service Delivery Guidelines were issued, and emergency contraception was included in them. This generated strong discussion in the media for several days, presenting the opinions of different experts and persons opposed to this measure. Since most media organizations had attended the forum, they had the most up-to-date information on emergency contraception available to them and the accuracy of the reporting during this whole process was excellent.

3.4 Elaboration of EC Materials in Mexico:

Contacts with professionals from many different organizations in different countries in the region demonstrated that there is a great need for EC materials in reproductive health programs in Mexico and in Central America. This was particularly evident during the training conducted by Dr. Patricio Sanhueza for health service providers and law enforcement professionals. For this reason, during this project the following materials were produced:

- A pocket diary, calendar and address book for service providers. The first section is dedicated to providing information on EC, including the latest research findings published by the International and LAC EC Consortia. This has been distributed to participants in the Youth Encounter in Nicaragua, participants in the forum on Mexican youth, participants in the Andean Youth Encounter, and to stakeholders in Guatemala, Honduras, and Mexico.
- A table game for adolescents. This is educational material that can be used by adolescent programs in the region. The game is like monopoly, with dice and four types of colored cards indicating activities to do or questions to answer. All the information is related to knowledge about EC and male and female condom use, sexuality, and negotiation among women and men on when to have sexual relations and the use of condoms and/or other contraceptive methods. The game was pre-tested in Nicaragua and Mexico. The second version has been tested in Guatemala. A CD with the files to print the game in different countries and programs will be provided to youth program managers in the region.

IV. EVALUATION

The original project objectives were: a) to provide two-day training in Quito, Ecuador to 20 MOH service providers and policymakers from at least five different countries in the LAC region on emergency contraception; b) to allow these service providers to attend the LACEC conference in Quito; c) to provide follow-up in-country technical assistance to participants of at least three different countries eager to introduce or extend emergency contraception in their organizations; and d) to allow three LAC representatives to attend the International Consultation in Thailand and present the conclusions of the LACEC conference in this meeting.

Regarding the first two objectives, Table 1 (below) shows that FRONTIERS sponsored the attendance of 37 participants from 17 different organizations from 11 different countries. Expectations regarding follow-up technical assistance visits also surpassed the original expectations. FRONITERS conducted technical assistance visits to five different countries in the region. In these visits, 73 EC training sessions with 1,033 participants from 10 different organizations were implemented. In addition, the participants from Guatemala developed a project proposal to conduct training activities in their country and trained 10 master trainers to replicate the EC workshop among interested organizations

and professional groups. Between February and April 2003, these trainers conducted a total of 21 workshops attended by 556 participants from local organizations.

TABLE 1 The Right to Use Emergency Contraception in Latin America and the Caribbean, Quito, Ecuador, October 2003

COUNTRIES	Persons attending LACEC Conference	Follow-up visits by consultants	Training sessions	People trained	Participating organizations
Brazil, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Peru, Uruguay	37				17
Dominican Rep., Guatemala, Honduras, Mexico, Paraguay		5	78	1,033	10
Press conference in Honduras		1			11 media organizations
Interviews in Paraguay		5			5

The third objective could not be accomplished because the EC International Consultation in Thailand never took place. However, the funds were reprogrammed and FRONTIERS was able to support the implementation of one regional event in Central America and one national event in Mexico, both of which involved extensive discussion on emergency contraception. One hundred youth from nine countries participated in the Youth Encounter on Sexual and Reproductive Rights in Central America, Mexico, and the Spanish Caribbean, of which 20 were funded by FRONTIERS. In the case of the Forum on Sexual and Reproductive Rights of Youth in Mexico, there were 16 presenters, 42 adolescents, and 45 adult participants who discussed youth rights.

Of particular significance was the number of media items produced by this project. In addition to the number of news items generated by the forum in Mexico, good media coverage was achieved in Honduras and Paraguay. Had these media announcements been quantified, it would be seen that this project achieved extraordinary cost-effectiveness in terms of dissemination of updated information on emergency contraception.

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VI. LIST OF APPENDICES

Appendix 1 – Invitation and questionnaire to Quito Conference

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